

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/5196

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3			1	2		
4				2		
5				2		
6				1		
7				1		
8				1		
9				1		
10			1			
11				1		
12				2		
13				2		
14				2		
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16				2		
17				2		
18				1		
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TOTAL IND.		↓	2	↓		↓
TOTAL DEP.	←		27	←		←
TOTAL CLAIMS		29				

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						